Green Mountain Surgery Center March 14, 2018

GMCB-010-15con

Documents Supporting Compliance with Conditions:

- A. 2. Shared Decision-Making Policy
- A. 3. Payment Status Non-Discrimination Policy
- A. 5. Transport Agreement with Local EMS
- A. 6. Binding Memorandum of Agreement from risk-bearing ACO (Draft)

Shared Decision-Making Policy

Policy

The Surgery Center is committed to establishing and maintaining high quality communications between Surgery Center patients and physicians in connection with determining treatment options. Accordingly, the Surgery Center requires each of its physicians to engage in Shared Decision-Making with Surgery Center patients.

Background

"Shared Decision-Making" is a process in which a patient (or patient's representative) and the patient's Surgery Center physician discuss the patient's health condition or disease, the treatment options available for that condition or disease, the benefits and harms of each treatment option, information on the limits of scientific knowledge on patient outcomes from the treatment options, and the patient's value and preferences for treatment, with the use of a patient decision aid.

When the physician shares with the patient relevant risk and benefit information on treatment options, and the patient shares with the physician all relevant personal information that might make one treatment more appropriate than the others, the physician learns how the patient views the risks and benefits of the various options and what issues are most relevant to the patient. The physician then can help the patient think about risks and benefits in terms of the values and preferences the patient has expressed, and together, the physician and patient can use the shared information to come to a mutually acceptable decision.

A "Patient Decision Aid" is an interactive, written, audio-visual, or online tool that provides a balanced presentation of the condition and treatment options, benefits and harms, including a discussion of the limitations of scientific knowledge about outcomes (if appropriate). Patient Decision Aids may include, but are not limited to, educational booklets, videos, and on-line interactive tools that can be used by patients on their own time, or during an appointment with the physician. A Patient Decision Aid is intended to complement, rather than replace, direct counseling from and conversation with the physician.

Surgery Center Requirements

• Each physician is required to engage in Shared Decision-Making that: (a) fully informs the patient of the benefits and risks of all care alternatives; (b) incorporates the best available scientific evidence; (c) takes into account the patient's values, goals and preferences; and (d) advises the patient of the pros and cons, including the comparative

costs, of having the procedure performed in an ambulatory surgery center, rather than a hospital.

- Each physician, in his/her sole professional judgment, may select the Patient Decision Aid that in the physician's professional opinion best suits the patient and the patient's disease or condition.
- Each physician is required to certify his/her compliance with this Policy.

Policy Adoption and Web Posting

Adopted by the Board of Managers on: March 13, 2018

Posted to the Surgery Center website on: March 13, 2018

Shared Decision-Making Policy Physician Certification

As a Physician with Medical Staff privileges at the Surgery Center, I hereby certify that I have received a copy of the Surgery Center's Shared Decision-Making Policy, I have read and understand the Policy, and I agree to comply with all Policy requirements.

Signed by:	
Printed Name:	
Date Signed:	

Payment Status Non-Discrimination Policy

Policy

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The Surgery Center is committed to accepting and treating patients without regard to payer type, insurance status, or ability to pay for services.

Surgery Center Requirements

- A physician's determination as to whether to accept a patient must be based on the patient's medical needs and condition, and not on the patient's payment status.
- Each physician is required to certify that:
 - The physician will accept Surgery Center patients without regard to payer type, insurance status, or their ability to pay for services.
 - The physician shall not consider the source of payment or a patient's ability to pay when determining whether to perform a patient's procedure/surgery at the Surgery Center.

Policy Adoption and Web Posting

Adopted by the Board of Managers on: March 13, 2018

Posted to the Surgery Center website on: March 13, 2018

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Payment Status Non-Discrimination Policy Physician Certification

As a Physician with Medical Staff privileges at the Surgery Center, I hereby certify that I have received a copy of the Surgery Center's Payment Status Non-Discrimination Policy, I have read and understand the Policy, and I agree to comply with all Policy requirements.

More specifically, I also hereby certify that:

- 1. I will accept Surgery Center patients without regard to payer type, insurance status, or ability to pay for services, and
- 2. I will not consider the source of payment or a patient's ability to pay when determining whether to perform a patient's procedure/surgery at the Surgery Center.

Signed by:	
Printed Name:	
Date Signed:	

Colchester Rescue Squad

687 Blakely Road Colchester, VT 05446 (802) 264-5590 Amy Akerlind, Rescue Chief

MEMORANDUM OF AGREEMENT

between

Green Mountain Surgery Center

and

Colchester Rescue Squad

This agreement is entered into this 20th day of February 2018 by and between Green Mountain Surgery Center and Colchester Rescue Squad located at 687 Blakely Road, Colchester, Vermont.

Whereas Green Mountain Surgery Center is located at 535 Hercules Drive, Colchester, Vermont, and whereas Colchester Rescue Squad provides emergency ambulance service to patients requiring transport from 535 Hercules Drive, Colchester, Vermont.

Now therefore, in consideration for the mutual covenants and agreements contained in this agreement, the parties agree as follows:

EMERGENCY AMBULANCE SERVICE

- Colchester Rescue Squad will provide emergency ambulance transport service between Green Mountain Surgery Center and the University of Vermont Medical Center.
- Green Mountain Surgery Center shall notify the Colchester Rescue Squad of their need for assistance by calling 9-1-1.
- When requested by Colchester Rescue Squad, Green Mountain Surgery Center will furnish personnel to assist Colchester Rescue Squad and to ride with a patient to the University of Vermont Medical Center.
- Colchester Rescue Squad will respond to all emergency calls for assistance at Green Mountain Surgery Center per established department policies regarding the use of emergency lights and audible warning devices.

INDEPENDENT CONTRACTOR

The Colchester Rescue Squad is performing the services and duties required hereunder as an independent contractor and not as an employee, agent, partner, or joint venture with Green Mountain Surgery Center. Colchester Rescue Squad is responsible for billing the patient or his/her insurance for any charges incurred. Green Mountain Surgery Center will provide Colchester Rescue Squad with the patient's insurance information.

ACCESS TO RECORDS

In the event fees payable hereunder shall exceed \$10,000, Colchester Rescue Squad agrees to make available to the Secretary of Health and Human Services records pertaining to this agreement.

Colchester Rescue Squad will release no patient records without a signed patient record release form.

TERMINATION

Whereas, Colchester Rescue Squad is the ambulance service that provides emergency ambulance service within the governmental boundaries of the Town of Colchester, Vermont, Colchester Rescue Squad shall provide services as hereunder provided, except that it shall have the right to terminate service without penalty.

BACK-UP COVERAGE

In the event that multiple calls for emergency ambulance service occurs, Colchester Rescue Squad maintains a written back-up response matrix to assure that adequate back-up coverage will be provided in a timely fashion.

IN WITNESS WHEREOF; Green Mountain Surgery Center and Colchester Rescue Squad have duly executed this agreement on the first day written above.

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Amy Cooper, Manager	Date	
For: Green Mountain Surgery Center		
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Amy Akerlind, Rescue Chief	Date 1	
For: Colchester Rescue Squad		

March XX, 2018

Memorandum of Agreement

ACTD, LLC dba, Green Mountain Surgery Center 535 Hercules Drive Colchester, VT 05446 OneCare Vermont Accountable Care Organization LLC 356 Mountain View Drive, Suite 301 Colchester, VT 05446

This binding Memorandum of Agreement outlines the conceptual terms under which ACTD, LLC dba "Green Mountain Surgery Center" (GMSC) agrees to enter into a participation agreement with OneCare Vermont (OCV) to become a participant/supplier in OCV's risk-bearing Accountable Care Organization once the Green Mountain Surgery Center becomes operational. The parties have agreed to the following conceptual terms, which they intend to incorporate into the participation agreement.

Terms:

- The first 9-12 months of operation of the GMSC will constitute an observation period whereby the GMSC will contract with public and private payers in established fee for service payment structures. During the observation period, the GMSC will allow for OneCare Vermont to access claims data and information from the payers for all OCV ACO-attributed patients treated at the GMSC. OCV and GMSC will use this information to determine the baseline level of volumes, spending, and savings that the GMSC may be expected to generate for ACO-attributed patients in future years.
- After the observation period is complete, GMSC and OCV will set a mutually
 agreeable annual capitated payment rate from the ACO to the facility for ACOattributed patients treated at the GMSC.
- Should the GMSC attempt to negotiate single bundled payment rates inclusive
 of facility fees, surgeon/physician fees, and anesthesia fees with self-insured
 employers or associations, these payment bundles may be carved out of the
 annual capitated amount agreed to by the ACO and the GMSC. Alternatively, if
 these bundled payment agreements would alter the payment levels for OCV
 ACO-attributed patients seen at the center, they may be incorporated into the
 capitated payment arrangement between the ACO and the GMSC.

ACCEPTED FOR ACTD, I	BBC B1.	
Name	Title	
Signature	Date	

ACCEPTED FOR ONECAL	RE VERMONT BY:	
Name	Title	(*)
Signature	Date	

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